

**VILLAGE OF CRESTWOOD
13840 S. CICERO AVENUE
CRESTWOOD, ILLINOIS 60445**

APPLICATION FOR COMMERCIAL BUSINESS LICENSE

PLEASE COMPLETE BOTH SIDES OF APPLICATION

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For information or questions, please call (708) 371-4800 or fax (708) 371-4849.

Date of Application: _____	Opening Date: _____	Fee: \$ _____
Illinois Retailers Occupational Tax No. _____ - _____ (Illinois Sales Tax Number)		
Total Square Footage: _____		
Name of Business: _____		
Address: _____		
City: _____ State: _____ Zip Code _____		
Business Phone: (____) _____ Emergency Phone: (____) _____		
MAILING ADDRESS IF DIFFERENT FROM ABOVE		
Name: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
Phone: (____) _____		
PARENT COMPANY MAIN OFFICE		
Name: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
Phone: (____) _____		
Square Footage of All Areas: _____	Restaurant Seating Capacity: _____	
TYPE OF OWNERSHIP: () INDIVIDUAL () PARTNERSHIP () CORPORATION		
Required information-License will not be issued unless completed!		
OWNER'S NAME: _____ PHONE NO. (____) _____		
HOME ADDRESS: _____		
CITY: _____ STATE: _____ ZIP CODE: _____		
DRIVER'S LICENSE NO. _____ S.S.N. ____ -- ____ -- ____ DATE OF BIRTH: _____		
If more than one owner or partner, list all above requested information on a separate sheet and attach hereto.		

Is Applicant (if an individual) or all owners of more than 5% of the shares of Applicant
(if a partnership, Corporation or limited liability company) a U.S. Citizen or resident alien? YES () NO ()

If yes, provide proof of Citizenship in the form of a voter's card, green card, passport or
other proof of legal status.

Will you be selling Tobacco Products? YES () NO ()
By machine? YES () NO ()

If a Corporation, please give name, address and telephone number of Registered Agent.

REGISTERED AGENT'S NAME: _____ PHONE NO. (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

ARE THE PREMISES LEASED? YES () NO ()

If yes, NAME OF OWNER: _____ PHONE NO. (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DETAILED DESCRIPTION OF BUSINESS REQUIRED _____

WILL BUSINESS MANUFACTURING, STORING OR SELLING ANY TYPE OF HAZARDOUS MATERIAL(S)?
YES () NO ()

MISCELLANEOUS INFORMATION- *PLEASE COMPLETE ALL APPLICABLE SECTIONS*

Number of Bowling, Dart,
Pool Tables, Etc. _____ Juke Box _____

VENDING MACHINES:

Pop, Candy, Etc. _____ Dairy Products _____ Food Service _____

Ice Stations _____

NUMBER OF AUTOMATIC NON-VIDEO AMUSEMENT DEVICES: _____

NUMBER OF FULL-TIME EMPLOYEES: _____ NUMBER OF PART TIME EMPLOYEES: _____

IT IS AGREED THAT AUTHORIZED INSPECTIONS WILL BE ALLOWED AS PRESCRIBED BY ORDINANCE.

SIGNATURE OF OWNER OR AGENT FOR OWNER REQUIRED

{Appendices A, B, and C attached hereto and made a part hereof}

**APPENDIX A
AUTHORIZATION TO OBTAIN RECORDS**

I hereby authorize and consent to the Village of Crestwood's officials obtaining, Receiving and reviewing any and all documents records and files, including but not limited to, finger printing, court cases, arrest and conviction records.

Signature

Date

**APPENDIX B
VILLAGE PROCESSING SHEET**

FOR VILLAGE USE

To be completed by the Village Clerk:

- 1. Date application for license filed** _____
- 2. Copy of application delivered to:**
 - A. Mayor** _____
 - B. Health Inspector** _____
 - C. Fire Protection Officer** _____
- 3. New applications, date reports of inspections received from:**
 - A. Health Inspector** _____
 - B. Fire Protection Officer** _____
- 4. If application for renewal, dates of last inspection by:**
 - A. Health Inspector** _____
 - B. Fire Protection Officer** _____
- 5. Action by Mayor:**
 - A. Approval** _____ **Date** _____
 - B. Denial** _____ **Date** _____
- 6. License fee received: \$** _____ **Date** _____
- 7. Date license issued:** _____ **No. of License** _____
- 8. Date copy of license and application delivered to police department** _____
- 9. For use by Mayor:**
 - ☐ **The Village Clerk is instructed and directed to issue license requested.**
 - ☐ **I hereby refuse to issue the license requested and deny the application for commercial license by** _____
for the following reasons: _____

(Signature) Mayor

Date: _____

Emergency Contact Listing Update

Please print clearly

Name of Business: _____
Address: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____
Business Type: _____
Hours: _____

Contact Information (Please list key holders in order of who to reach in an emergency):
(Local people with keys to building)
(List a minimum of 3 people)

1. Name: _____
Home: _____ Cell: _____
2. Name: _____
Home: _____ Cell: _____
3. Name: _____
Home: _____ Cell: _____
4. Name: _____
Home: _____ Cell: _____

Alarm & Safe Information (Check all that apply)

Alarm type: • Burglar • Fire • Hold Up/Panic • None

Alarm Company: _____

Alarm Company Phone Number: _____

Is there a safe on site? • Yes • No

Location: _____

Any other relevant information: (i.e. overnight cleaning crews, additional contacts)

Completed By: _____ Signature: _____

Date: _____

Crestwood Police Department

Security Clearance

Name (Last) _____ (First) _____ (Middle) _____
Alias (Last) _____ (First) _____ (Middle) _____
Sex _____ Race _____ Date of Birth _____

Residence Address: _____
Number Street
City State Zip Code

Phone No. _____

State — Place of Birth _____

Drivers License No. _____ State of Issue _____

Height _____ Weight _____ Color of Eyes _____ Complexion _____

Social Security No. _____ - _____ - _____

Disposition:
